Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

510 EAST 12'", SUITE 1A DES MOINES, IA 60319 Fax: (515)281-4073 www.lowa.gov/ethics



Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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by a de	dequest information received partment or accepted by the or on behalf of the state
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR DEGOE	NOTE:
STATE TRAINING SCHOOL	
Name of Department or Office 3211 EDGINGTON AVENUE	FLDORA, IA 50627
Mailing Address	City, State, Zlp Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE;
Kristia Hagedon	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
khagedo@dhs.state.ia.us Emall Address	Area Code & Telephone Number (if different from above)
	20
DONOR OF GIFT OR BEQUEST:	7
American Legion Aux. Unit #237	2012 OCT
Name	
c/o Alice Walther-Ellis, Box 836 Hudson, IA 50643	N 55
Mailing Address City, State, Zip Code	10/9/12 \$25.00 ≥ €
	Date of Gift or Bequest Amount Value*
Area Code & Telephone Number	"value is defined as "fair market value" of item as determined by
	receiving department or office. If no value mark "0.00
Email Address (optlonal)	/6
Provide a description of the gift or bequest and purpose thereof:	
, , , , , , , , , , , , , , , , , , , ,	4
cash donation to be used for religious activities for	students
	•
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	a state or received by the Governor on behalf of the state.
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Statement of Affirmation:	
Vrictin Haradon	
affirm that the gift or bequest reported abasessment of the fair market value (if applicable) is correct and true to the	pove is accurate. I further affirm that the information concerning the donor and the heat of my knowledge
And and the fair transfer to the shall be so the second of	
1.	
Kristin Hagedon	October 12, 2012
Signature	Date

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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SEL ARTHUR ON OTHER RECEIVING THE GILL ON DECE	
DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	W
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	FICE:
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
Pauline Quick	
Name	-
4449 NE 88th Altoona, IA 50009	
Mailing Address City, State, Zip Code	9/20/2012 \$2,500.00
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
Email Address (optional)	receiving department or office. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:	
Communication devise donated for Client use	TANGO BATOGOI)
	11 /1 CC CHI (Q01)
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	a state or received by the Courses on help if a fill and a
the same and any girt of sequent that is received by any department of the	e state of received by the Governor on behalf of the state.
atement of Affirmation:	
Ruth Messinger	
sessment of the fair market value (if applicable) is correct and true to the	ove is accurate. I further affirm that the information concerning the donor and e best of my knowledge.
1 1	
Harbara S	10/11/0010
Signature Nessungu	10/11/2012
Signature	Date

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
712-525-1252 Area Code & Telephone No.	· · · · · · · · · · · · · · · · · · ·
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR	ROFFICE:
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
Marla Craig	
Name	
1946 High School Drive Afton, IA 50830	
Mailing Address City, State, Zip Code	9/20/2012 \$800.00
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
	receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
Sensory devise donated for Client use (Ch	HAT BOX 40XT)
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department	t of the state or received by the Covernor on behalf of the state
recoupt or any girt or boducest that is received by any department	t of the state of received by the Governor on behalf of the state.
totament of Affirmation.	
tatement of Affirmation:	
Ruth Messingeraffirm that the gift or bequest reporte	ed above is accurate. I further affirm that the information concerning the donor and
ssessment of the fair market value (if applicable) is correct and true	e to the best of my knowledge.
1) - (h)	10/11/2012
Luth Messingu	10/11/2012
Signature	Date

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street Gl	enwood, IA 51534
	ity, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC)E:
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF CIET OR REQUEST.	
DONOR OF GIFT OR BEQUEST:	_
Donnette Cocklin	
Name 901 Arnold Glenwood, IA 51534	
Mailing Address City, State, Zip Code	9/19/2012 \$800.00
Oity, State, 219 Odde	
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
	0.1.10
Sensory devise donated for Client use (CHAT	-BOX 40XT)
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the si	tate or received by the Governor on behalf of the state.
tatement of Affirmation:	
Ruth Messingeraffirm that the gift or bequest reported above	e is accurate. I further affirm that the information concerning the donor and
ssessment of the fair market value (if applicable) is correct and true to the b	pest of my knowledge.
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Kith Nessinger	10/11/2012
Signature	Pato

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



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DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street Gle	enwood, IA 51534
Mailing Address Cit	ty, State, Zip Code
712-525-1252 Area Code & Telephone No.	
IL	E;
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
	only, state, 2-b (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
Lola Butler	
Name	
6315 S 109th St Omaha, NE 68137	
Mailing Address City, State, Zip Code	10/11/2012 \$78.75
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
Pizza & pop for Client birthday party.	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the sta	ate or received by the Governor on behalf of the state
	and the second of the state.
tatement of Affirmation:	
Ruth Messinger	is assumed a 1.5 Mary of the state of the st
ssessment of the fair market value (if applicable) is correct and true to the be	is accurate. I further affirm that the information concerning the donor and est of my knowledge.
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11-12	
Signature Nessungu	10/10/2012
Signature	Date

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



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DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street Glee	nwood, IA 51534
	y, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	5 :
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	, , , , , , , , , , , , , , , , , , ,
Linaii Addiess	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
William Reeves	7
Name	
PO Box 143 Thurman, IA 51654	
Mailing Address City, State, Zip Code	10/04/2012 \$30.00
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
For Client use seven (7) assorted weight discs for outd	oor "Basket" game.
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the sta	ate or received by the Covernor on behalf of the state
, o and an	ate of received by the Governor on behalf of the state.
tatement of Affirmation:	
Ruth Messinger	
affirm that the gift or bequest reported above assessment of the fair market value (if applicable) is correct and true to the be	is accurate. I further affirm that the information concerning the donor and
1	,,
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Enth / hessing a	10/10/2012
Signature	Date